



Inspection Report

Name of Service:	Innisfree
Provider:	Innisfree
Date of Inspection:	28 May 2026

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Innisfree
Responsible Person:	Mrs Shauna Anne Stanford
Registered Manager:	Miss Emma Johnston – not registered
Service Profile – This home is a registered residential care home, which provides health and social care for up to 28 residents. The home provides care for residents living with dementia, residents with a learning disability and residents with a physical disability other than sensory impairment. The home also provides general residential care. The home is situated on the ground floor of the building with single bedrooms. Residents have access to two communal lounges, four bathrooms, the dining room and a patio and garden area.	

2.0 Inspection summary

An unannounced inspection took place on 28 May 2026, from 9 am to 3.00 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 8 July 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective, compassionate care was delivered to residents, and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and trained to deliver safe and effective care. Residents spoken with said that living in Innisfree was a good experience.

As a result of this inspection, four areas for improvement were assessed as having been addressed by the provider. Two areas for improvement have been carried forward for review at the next medicines management inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the commissioning Trust.

Throughout the inspection process, inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents described staff as "outstanding" and "very good" Residents spoken with said that they were happy living in Innisfree. Comments included, "I only have the highest regard for all the staff," "I think the staff are very good, they are very kind," and "This is a great place, I love it."

Residents told us that staff offered them choices throughout the day, which included preferences for getting up, and going to bed, what clothes they wanted to wear, food and drink options, activities to attend and where and how they wished to spend their time.

Residents' relatives said, "This is great, there is a very upbeat atmosphere in here," and "They are really super good staff, all very kind and caring."

Staff said that they enjoyed working in Innisfree, staff said; "I love working here, it is very fulfilling." All staff spoken with confirmed that they felt well supported by the manager, one staff member said, "The manager is very approachable."

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was lack of robust oversight of the recruitment process within the home. For example, in one recruitment file, both references and the employment health check were all dated after the staff member had commenced employment. An area for improvement was identified.

Residents said that there was enough staff on duty to help them. Staff said there was good teamwork, that they felt well supported in their role, and that they were satisfied with the staffing levels. One staff member commented, "There is enough staff on duty to meet the needs of the residents."

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty.

Review of staff training evidenced that for some staff Mental Capacity Act (MCA) training had not been completed within the required timeframe. Email confirmation was received post inspection that all staff have now completed this training.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Staff were also observed offering resident choice in how and where they spent their day or how they wanted to engage socially with others.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. For example, during the afternoon activity and throughout the day staff were observed using encouragement and gentle, respectful humour to support residents to join in.

Where a resident was at risk of falling, measures to reduce this risk were put in place. Examination of care records and discussion with the staff and manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

Observation of the lunchtime meal, review of records and discussion with residents, staff and the manager indicated that there were robust systems in place to manage residents' nutrition and mealtime experience.

Staff understood that meaningful activity was not isolated to the planned social events or games. An activities schedule was in place for residents to take part in if they wished to do so. One resident told us, "They do great activities, I really love it here." Residents and staff said that some residents preferred not to take part in these activities preferring instead to spend time chatting to friends and watching TV.

A review of records confirmed that residents participated in resident's meetings, which provided an opportunity for them to comment on all aspects of the running of the home. For example, planning activities and menu choices.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Residents care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Review of records and discussion with the manager confirmed that environmental and safety checks were carried out on a regular basis. However, two fire doors were found to be propped open; an area for improvement was identified.

Shortfalls were also identified concerning the effective management of potential risk to residents' health and wellbeing; specifically, Steradent denture cleaning tablets were located in bedrooms and due to a fire door being propped open there was access to the homes laundry. An area for improvement was identified.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Miss Emma Johnston has been the Manager of this home since 25 October 2025. The manager has indicated that they intend to apply to be the registered manager of the home.

Residents and staff commented positively about the manager and described her as supportive and approachable.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	4*	1*

* the total number of areas for improvement includes two regulations which are carried forward for review at the next medicines management inspection.

Areas for improvement and details of the Quality Improvement Plan was discussed with Emma Johnston, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) Stated: Second time	The registered person shall ensure that records of outgoing medicines are accurately maintained and include the date, the reason for disposal/transfer and two signatures to evidence this. Ref: 2.0 & 3.3.2
To be completed by: 18 November 2025	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.

Area for improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed by: 18 November 2025	The registered person shall ensure that records of all incoming medicines are accurately maintained. Ref: 3.3.3 and 3.3.4
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 3 Ref: Regulation 21 (1) (b) Stated: First time To be completed by: 28 May 2026	The registered person shall ensure that all pre-employment checks are completed. This is stated in relation to obtaining satisfactory references, and in ensuring the health check questionnaire is completed. Ref: 3.3.1
	Response by registered person detailing the actions taken: The registered person will ensure that all pre-employment checks are completed in relation to satisfactory references and health check questionnaire completed before employment commences.
Area for improvement 4 Ref: Regulation 14 (2) (a) Stated: Second time To be completed by: 28 May 2025	The registered person shall ensure that all parts of the home to which residents have access, are free from hazards to their safety. Ref: 3.3.4
	Response by registered person detailing the actions taken: The registered person will ensure that all parts of the home which residents have access to are free from hazards to each residents safety.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 Ref: Standard 29 Stated: First time To be completed by: 28 May 2026	The Registered Person shall ensure that the practice of propping open fire doors ceases immediately. Ref: 3.3.4
	Response by registered person detailing the actions taken: The registered person will ensure that fire doors remain closed at all times.

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